cells and syncytium. 14 of them recovered after operation and 5 died. In 2 of these 5, sepsis is given as cause of death, in 1 nephritis, and in another one death soon followed the operation, while in the fifth the cause of death is not stated. There is so far not one case of generalization in an atypical chorioepithelioma reported. (4) The comparative benignity of all those cases in which villi were found in the extirpated uterus or in the vaginal infarcts. (5) While 43 cases of chorioepithelioma that proved to be malignant were preceded by abortion, only 24 followed molar pregnancy. Again, while 39 operated and recovered cases were preceded by mole, only 11 cases recovered after labor at term. On the other hand, 30 cases are recorded that died of malignant chorioepithelioma following full-term labor. Herewith is proved the frequency of chorioepithelial proliferation after mole and the danger of sepsis and exsanguination in destructive mole and placentary polyp, but not the histological malignancy of such relatively frequent proliferations. (6) The great importance of an exact anamnesis in judging the histological dignity of proliferations of the cells forming the cell-cover of villi.

Schmauch expresses great regret that gynecologists have considered the histology of so much greater importance than the symptomatology, which Schmauch considers should be reversed.

Postoperative Thrombosis and Embolism.—MILLER (*Amer. Jour. Obst.*, 1907, lvi, 347) classes the causes of postoperative thrombosis and embolism as follows: (1) Inflammatory thrombi, which are produced through acute or chronic inflammation of the wall of the heart or bloodvessels. As a consequence of the inflammation, the wall is thickened and the endothelium injured. (2) Traumatic thrombi produced through injuries to the vessel wall. To this classification belong those thrombi caused by ligation, severing, or tearing of the vessel. (3) Compression or dilatation thrombi, which are caused by slowing or stagnation of the blood stream. The compression can arise by the pressure of tumors, exudates, etc., and the dilatation may be due to actual disease, loss of elasticity, or excessive thinning of the vessel wall. Certain cardiac thrombi probably come under this head. (4) Marantic thrombi, which are due to diseased conditions of the blood, degeneration or weakness of the heart, and slowing of the blood stream.

Miller refers to the interesting experiments of Carrel and Guthrie on the anastomosis of bloodvessels and the transplantation of viscera as strongly indicating that infection and injury to the vessel wall are of primary importance etiologically. They found that in animals operated upon, in which the technique was rigid and the endothelium of the bloodvessels accurately adapted, thrombosis occurred but rarely. This does not explain the predilection of certain vessels to produce thrombi. Probably all the causes mentioned enter into most cases. Certainly they are most commonly formed when operations have been done for myoma or carcinoma of the uterus or ovarian tumors of prodigious proportions. Miller considers that the abnormal blood conditions notoriously present in these cases are the chief causes in them. He also lays stress upon the enlargement or dilatations of bloodvessels resulting from tumor pressure, as being a potent etiological factor, and he refers to the long oblique course of the iliac vein across the pelvis behind the rectum and sigmoid flexure and the left iliac artery, as an explanation of the great frequency of involvement in thrombosis after operation. His paper is terminated by a statistical statement of the comparative frequency of involvement of various regional areas and structures.

Multiple Ovarian Cyst Successfully Removed from an Infant Aged Eleven Months.—C. W. MacGillivray (*Lancet*, 1907, i, 1487) reports the case of a girl of eleven months, whose mother, previous to the patient's birth, had 5 miscarriages. At the age of three months the child's abdomen was seen to be hard and large; at intervals the child suffered marked pain and had diarrhœal attacks. The abdomen increased in size rapidly and the child became more and more emaciated. Examination showed the child to be cyanosed and to have difficulty in breathing; the abdomen was enormously enlarged, the abdominal walls thin, and the umbilicus projected. The entire abdomen was dull to percussion. A puncture brought forth clear, yellowish fluid, and the relieved surface was found to be irregular and nodular. Operation revealed the condition to have been caused by a multilocular ovarian cyst attached at three points: below the liver, about the level of the umbilicus, and near the brim of the pelvis on the right side. These points contained large veins and arteries. The cyst was made up of two halves about equal in size and attached to each other by loose connective tissue. The length of the tumor was eleven inches, the thickness five. It filled up the whole distended abdominal cavity from the diaphragm to the true pelvis. The child recovered uneventfully.

Tubal Pregnancy Associated with an Ovarian Cyst.—E. G. E. Arnold (*Lancet*, 1907, i, 1490) reports the case of a woman upon whom he performed a laparotomy because of an ectopic gestation which was on the point of rupture; at the same time he found and removed an ovarian cyst the size of a tennis ball from the other side. The right tube and left ovary both appeared healthy and were therefore not disturbed. This tumor could not be found at an examination made nine months previously, and it has to be assumed therefore that it originated or at least grew very rapidly under the influence of the pregnancy.

Bacteriological and Clinical Examinations to Determine the Value of Modern Procedures in Performing Aseptic Gynecological Laparotomies. A large number of such examinations lead W. Hannes (*Zeit. f. Geburt. u. Gyn.*, 1907, lx, 1) to formulate the following conclusions. (1) Wounds produced during operations are constantly threatened with bacterial invasion from organisms on the hands of the operator and his assistants, from organisms on the skin of the patient, and from organisms floating in the air of the operating room. (2) Wearing dry, sterile rubber gloves on the disinfected dry hands makes the transference of bacteria from the hands of the surgeon completely impossible; this has been demonstrated repeatedly. (3) In a large number of instances, particularly in cases in which the operation lasts but a short time, it is unquestionably possible to keep the abdominal wall, which cannot be rendered absolutely aseptic, from coming in contact with the operative surface. Gaudanin is much more suitable for this purpose